

09-19-01

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PTO/SB/50 (02-98)

Approved for use through 01/31/2004. OMB 0651-0032
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	JAB-1641
First Named Inventor	FRANCOIS et al.
Original Patent Number	5,616,587
Original Patent Issue Date (Month/Day/Year)	04/01/1997
Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

The PTO did not receive the following
listed item(s) specification, claim

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

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NAME (Print/Type)	MARY A. APPOLLINA	Registration No. (Attorney/Agent)	34087
Signature	<i>Mary A. Appollina</i>	Date	9/18/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) JAB-1641		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B) 13	**** =	x \$ _____ =		or	x \$18 = 0	
(C)	Independent claims (37 CFR 1.16(i))	(D) 1	* =	x \$ _____ =			x \$80 = 0	
Basic Fee (37 CFR 1.16(h))						\$ _____	OR	\$ 710.00
Total Filing Fee						\$ _____		\$ 710.00
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee						\$ _____	OR	\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0750/JAB1640/MAA</u> in the amount of <u>\$ 710.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>10-0750/JAB1641/MAA</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>9/18/01</u> Date</p> </div> <div style="width: 50%; text-align: center;"> <p><u>Mary A. Appollina</u> Signature of Applicant, Attorney or Agent of Record</p> <p>MARY A. APPOLLINA Typed or printed name</p> </div> </div>								

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: FRANCOIS ET AL.

For : AQUEOUS RISPERIDONE FORMULATIONS

Express Mail Certificate

"Express Mail" mailing number: EL691442608US

Date of Deposit: September 18, 2001

I hereby certify that this re-issue application, including declaration by the assignee, statement under 37 CFR 3.73(b), consent of assignee, preliminary amendment, copy of declaration and power of attorney for patent application, copy of the USPTO stamped return postcard and a copy of US Pat No. 5,616,587 is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

KAREN HALL-MORGAN

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)